Northumberland JSNA
Mental Health Chapter
Zero Suicide Ambition
June 2021

Northumberland County Council

INTRODUCTION

"Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity."
Professor Louis Appleby CBE

Why is this important in Northumberland?

Suicide remains a national and local public health priority. It has an immense impact on family, friends, work colleagues and the wider community at both an emotional and economic level.

In the first section of this chapter we will look at some visuals produced from the Primary Care Mortality Database. This provides information on deaths by suicide of Northumberland county residents.

Primary Care Mortality Database

Figure 1: Timeline of suicide related deaths by Northumberland residents from 2000-2020

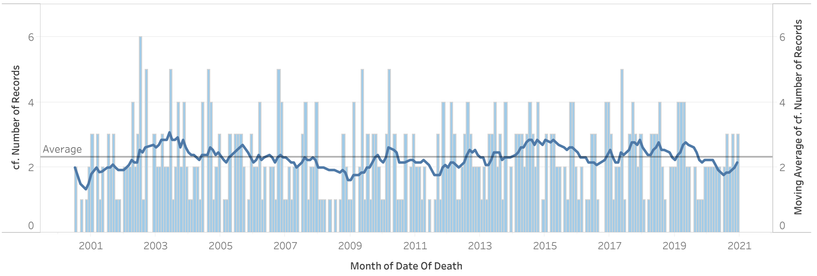

Figure 1 shows a timeline of deaths confirmed as suicide by coroners, by month and specifically for Northumberland residents.

The 12 month rolling average shows that suicide deaths across Northumberland have remained fairly constant in the past 20 years.

The largest number of deaths recorded were 6 in July 2002.

The average number of deaths across this time period is 2.3 deaths per month.

Figure 2: Timeline of % suicide related deaths by Northumberland residents from 2000-2020

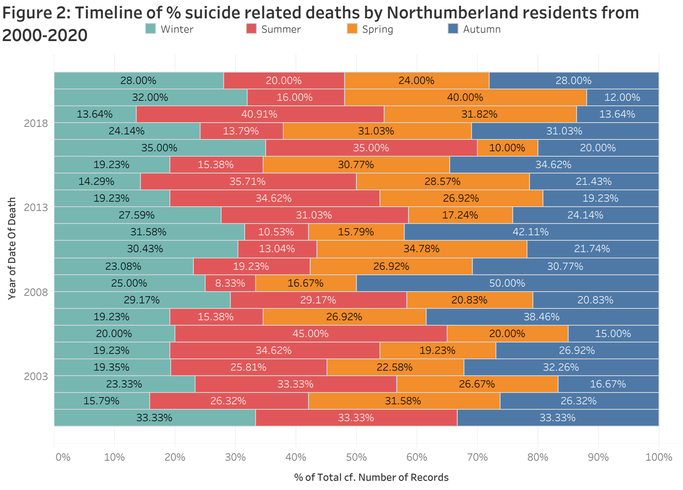

Figure 2 is part of the seasonality analysis and shows the percentage of deaths by season in each year from 2000-2020. There is a great deal of variation in each year with no particular outlier being identified.

Figure 3 aggregates the total number of deaths by season in the whole time period and here we can see that the distribution is relatively even.

Figure 3: Deaths by suicide by Northumberland residents from 2000-2020

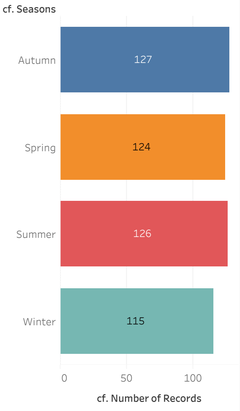

Figure 4: Suicide - Age/Gender Split of Northumberland Residents in years 2000-2020

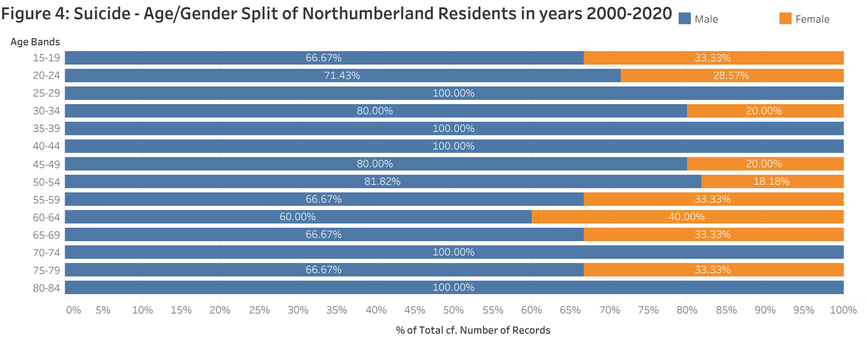

Figure 4 shows us the number of suicides by age group and gender for Northumberland residents in the years 2000-2020.

It's clear that across all age groups the proportion of suicides are highest amongst males.

Figure 5: Suicide - Ward Per 100,000 Map of Northumberland Residents in years 2000-2020

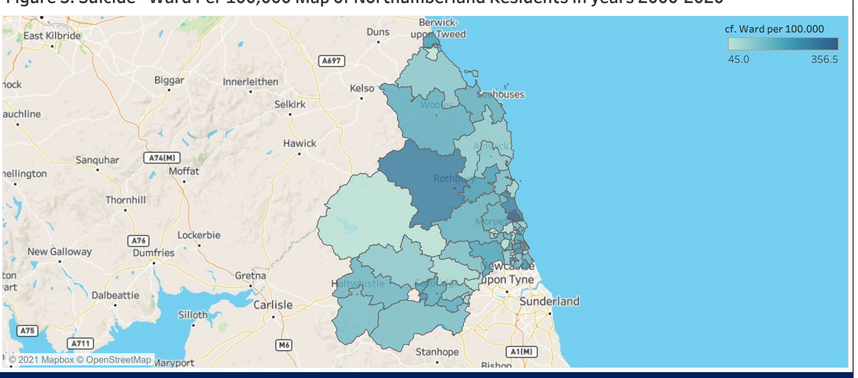

Figure 5 displays the rates of suicide per 100,000 by ward.

Areas with the highest rates of suicide are typically in the South East of the county with Rothbury being an exception.

Figure 6: Suicide - IMD Standardised Deaths Scatter of Northumberland Residents in years 2000-2020

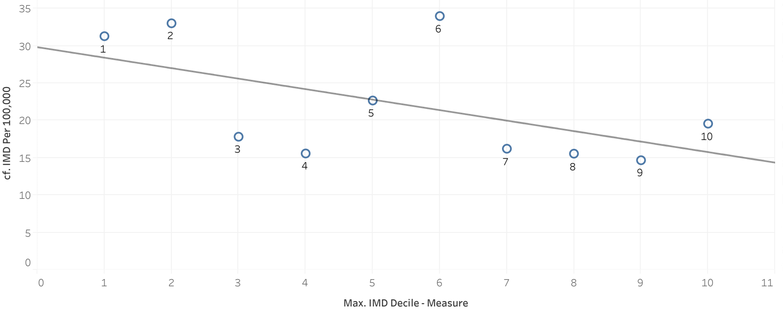

Figure 6
Analysis by Index of Multiple Deprivation (IMD) allows us to understand whether those who live in less afluent areas are affected disproportionately by suicide.

IMD deciles 1 & 2 have the highest rate of suicide with 31.31 and 33.04 deaths per 100,000 respectively. IMD deciles 3 & 4 fare better with a rate of death akin to those seen in the more affluent areas of IMD deciles >7. Furthermore, IMD decile 10 has a higher rate of death in comparison with the lower deciles, specifically 3, 4, 7, 8 and 9.

This perhaps indicates that death by suicide can affect people from all walks of life, regardless of their socio-economic status.

Public Health England - Fingertips

Table 1

Compared with England ■■■ Better 95% Similar Worse 95% Lower Similar Higher Not applicable

Data quality: Significant concerns Some concerns Robust + a note is attached to the value, hover over to see more details

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better ↑ Increasing ↓ Decreasing

Export table as image Export table as CSV file

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Northumberland		Region England	England	England	
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Suicide rate (Persons)	2017 - 19	–	101	12.8	11.6	10.1	19.0	4.9
Suicide rate (Male)	2017 - 19	–	85	22.2	19.1	15.5	27.3	5.8
Suicide rate (Female)	2017 - 19	–	16	3.9	4.5	4.9	11.1	2.5
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2017 - 19	–	97	51.6	-	33.0	72.3	18.3
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2017 - 19	–	82	89.0	-	50.2	101.1	24.1
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2017 - 19	–	15	14.7	-	15.9	44.2	8.2
Suicide crude rate 10-34 years: per 100,000 (5 year average) (Male)	2013 - 17	–	29	13.9	13.4*	10.5	3.3	22.2
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2013 - 17	–	82	26.0	25.7*	20.1	8.0	43.6
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	–	14	8.4	10.6*	12.4	2.6	34.9

Table 1 shows Northumberland's suicide prevention profile, produced by Public Health England in 2018. This shows Northumberland as having higher than average suicides amongst 35-64 year olds and high years of life lost. Zero suicide ambition is, therefore, a priority for Northumberland.

Whilst the 3 year rolling figures have fluctuated since 2001-2003, the rate has stayed roughly the same overall. However, the years of life lost through suicide is higher than the national average which reflects deaths in younger men.

Link to PHE fingertips
https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/1/gid/1938132828/pat/6/par/E12000001/ati/102/are/E06000057/iid/41001/age/285/sex/4/cid/4/tbm/1/page-options/car-do-0_ine-yo-3:2017:-1:-1_ine-ct-39_ine-pt-0

Office for National Statistics

The Office of National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over; and deaths where the intent was undetermined for those aged 15 and over. Deaths from an event of undetermined intent in 10 to 14 year-olds are not included. Although for older teenagers and adults we assume that in these deaths the harm was self-inflicted, for younger children it is not assumed to be the case. In England and Wales, all suicides are certified by a coroner following an inquest. Case law changed the standard of proof, in 2018, from 'beyond reasonable doubt' (the criminal standard) to 'on the balance of probabilities' (the civil standard). Some estimates suggest that this change in the standard of proof will increase deaths attributable to suicide by 30 - 50%.

In England, one person dies every two hours as a result of suicide. The latest ONS data can be found at
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest

Figure 7: Rates of Suicide in North East UTLAs - 2017/2019

Figure 7 shows the age standardised suicide rates by Local Authorities (LA) for the years 2017-2019 compared to the National average.

The LAs in green are below the national rate for the three year rolling period whilst those in red are above.

Northumberland ranks 5th in the North East with a rate of 12.8 deaths and this is above the national average.

Who is at risk and why?

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. Zero suicide will only be achieved through a multifaceted approach, therefore, Northumberland has a Mental Health Strategic Partnership and its Suicide Prevention Strategy can be found here.

In March 2017, the ONS released a profile of suicide by occupation[1] which highlights which occupations have higher than average suicides. These occupations fall into the categories of nursing and caring professions for women and low skilled and construction work for men. It is essential, in supporting a prevention strategy that high risk employment is identified and support given

Impact of Covid Pandemic

It is too early to see the impact the Covid pandemic has had on suicide rates. Coroners' courts have seen delays as a result of the pandemic which has delayed, and will continue to delay, data reporting. Additionally, suicides often happen years after the event which leads to suicide, so the long-term impact will be seen over the coming years.

Key issues

National guidance, regional and sub-regional work led by the Integrated Care System (ICS) and the regional Public Mental Health Network have helped the Northumberland Strategic Mental Health Partnership identify the following priorities:

1. Reduce the risk of suicide in high risk groups;

2. Engineer approaches to improve mental health in specific groups;

3. Reduce access to the means of suicide;

4. Provide better information and support to those bereaved or affected by suicide;

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;

6. Support research, data collection and monitoring.

What assets do we have in Northumberland?

1. Post intervention support is provided by If you Care Share
https://www.ifucareshare.co.uk/

2. Tyneside and Northumberland Mind provides counselling interventions to those people affected by trauma of suicide

3. Relevant agencies have signed up to a Suicide Cluster Response Plan. Actions are tailored according to circumstances including support to communities/schools/employers and physical improvements to sites e.g., access to railway lines

4. Real time alerts – As part of the wider suicide prevention action plan, a sub-regional real time surveillance system (RTSS) was established in October 2019 covering six local authorities t (Newcastle, Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland). The RTSS allows for the identification and monitoring of suspected suicides in advance of a coroner's verdict to identify patterns/trends and potential clusters in real time. It enables a rapid response to be put into place to direct preventative measures and interventions and reduce the risk of further suicides taking place.

5. Cumbria, Northumberland, Tyne and Wear Mental Health NHS Foundation Trust. The Trust provides Northumberland with secondary care mental health services and work on a daily basis caring for those clients with suicidal ideation in inpatient and community settings. They also link with a variety of organisations across Northumberland to ensure client clinical pathways are inclusive of holistic requirements.
https://www.cntw.nhs.uk/
The Trust provides the following services which specifically support in times of crisis:
- 24/7 universal crisis team (working age adults, older people and children and young people
- Children and adult's psychiatric liaison team
- Street triage
- Peer support workers

6. Together in a Crisis provided by Mental Health Concern. The service works with the crisis team and provides support to people who identify as being in a crisis due to social determinants i.e. housing, finance, relationship difficulties etc. The team works with the individual to identify issues and find solutions to problems.
https://www.mentalhealthconcern.org/

7. Several third sector agencies work with statutory organisations to deliver support to individuals and families including:
If u care share- https://www.ifucareshare.co.uk/
Talking Matters- https://www.tmnorthumberland.org.uk/
Tyneside/Northumberland MIND https://www.tynesidemind.org.uk/
Choices 4 Growth https://www.choices4growth.co.uk/
Cygnus Support - https://www.cygnussupport.com/
Northumberland Recovery College https://northumberlandrecoverycollege.co.uk/

8. Mental Health Training. The Connect 5 training programme aims to increase the confidence and core skills of frontline staff so that they are more effective in having conversations about mental health and wellbeing.
https://every-one.org.uk/what-we-do/connect-5/

9. Health Trainers work with individuals to identify stress, give advice on relaxation techniques and mindfulness, to ensure equity between physical health and mental health.

10. Northumberland is a Trailblazer area with School Mental Health Support Teams in Blyth and Hexham and now expanded to include Ashington and Bedlington. Be You Website
https://www.beyounorthumberland.nhs.uk/

11. Tyneside & Northumberland MIND Training HUB
https://www.tynesidemind.org.uk/help-support/training/north-east-training-hub.aspx

12. Northumberland Clinical Commissioning Group employs a GP lead for mental health. The post provides leadership to primary care to improve the experience of people in Northumberland with acute mental health needs, distress and enduring mental health problems. The GP lead works closely with the sub-regional suicide prevention team,and is involved in developing strategies for a broad range of mental health related topics.

13. Better Health @ Work Awards - Encourage employers to put measures and training in place to reduce the risk of suicide and also provide advice and support to employers on workplace suicide through the promotion of the Prevention toolkit (https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/) and for employers having to manage a traumatised workforce post event, the Postvention toolkit (https://www.bitc.org.uk/toolkit/crisis-management-in-the-event-of-a-suicide-a-postvention-toolkit-for-employers/) developed by Public Health England, Business In The Community (BITEC) and the Samaritans specifically for employers.

[1] ONS (2017). Suicide by occupation, England: 2011 to 2015. ONS. 17 March 2017.

What do people say?

A consultation with young people (2016) highlighted issues which impacted on their wellbeing e.g., access to health services, where services missed opportunities to support their emotional health before they reached crisis. They identified a need for information in accessible formats including better use of websites and social media. A resource toolkit has been produced, in consultation with young people, to support them with early access to coping mechanisms and self- supporting skills to help them deal more effectively with the challenges they face early.

In 2021, a consultation with children/young people, parents and care givers in Bedlington and Ashington took place as part of the CCG's Wave 3 Mental Health Support Team Trailblazer Project. Emerging themes from the consultation included:

- Primary aged children felt they worry most about friendship issues, loss of a loved one and problems sleeping.
- Parent and carer responses show they are most concerned about their child's issues with body image, social media use and falling out with friends.
- Secondary children and young people felt they worried most
- about friendship issues, body image and difficulty sleeping/overthinking
- Children and young people suggested the support they needed was confidence in asking for help, starting conversations and knowing how to help themselves with emotions.

Northumberland Clinical Commissioning Group works hard to ensure that user voice is sought to inform commissioning decisions. The CCG has an experienced engagement team which works in partnership with a range of organisations and services across Northumberland to involve patients and the public in service development and improvement. By understanding patient experience, it helps us to provide better quality services which are more responsive and better able to meet individual needs.

<u>Recommendation</u>

It is recommended to continue to implement the Zero - Suicide Ambition Strategy, which is being updated in light of this refreshed JSNA and as a result of the Covid pandemic

Suicide/Suspected Suicide Overview

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National Picture
In 2019, a total of 5,316 deaths (10.8 deaths per 100,000 population) by suicide were registered in England. This was consistent with the rate observed in 2018 (10.3 deaths per 100,000) and is the highest rate seen since 2000 (ONS). Males continue to account for the majority of suicides in England (75%) with a rate of 16.7 per 100,000 in 2019 compared to 5.2 per 100,000 for females. (ONS, Suicides in England and Wales: 2019 registrations) . Suicide remains the biggest killer of males under the age of 45 in the UK.

The North East region continues to see amongst the highest suicide rates in the country, and above the England average with a rate of 11.6 per 100,000 in the 2017-2019 period.

Sub Regional /Local Profile
As part of the wider suicide prevention action plan, a sub-regional real time surveillance system (RTSS) was established in October 2019 covering six local authorities within the North ICP footprint (Newcastle, Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland). The RTSS allows for the identification and monitoring of suspected suicides in advance of a coroners verdict in order to identify patterns/trends and potential clusters in real time. It enables a rapid response to be put into place to direct preventative measures and interventions and reduce the risk of further suicides taking place.

Since the RTSS in was established in October 2019, there have been 302 suspected suicides across the North ICP footprint (up to 31st July 2021). Of these, 67 fell within the jurisdiction of the Northumberland Coroner (i.e. with the death taking place in the Northumberland area. 59 of the 312 suspected suicides involved individuals residing in Northumberland, suggesting that in eight cases the deceased had travelled to Northumberland from outside the area.

Reflecting national trends, men account for 77% of suspected suicides in the North ICP sub region. This is slightly higher in Northumberland, with males accounting for 82% and females 18%. Middle aged men are particularly at risk, both nationally and locally with a quarter of male suspected suicides falling into the 35-44 age range in the north east sub region and is reflected in Northumberland.

54% of people who took their own lives across the North ICP sub region were single whilst 30% were married or in a civil partnership. 7% were separated or had experienced a recent break-up. This was reflected in both male and female populations. This was reflected in the Northumberland dataset.

Across the North ICP sub region, 35% of people who took their own lives were employed, with 25% unemployed. This Differed slightly in Northumberland, with 47% being employed and 20% unemployed. A number of high risk occupation categories have been identified across the NE sub region- including the construction industry and care-related sectors. Nationally, males working in low skilled labour/construction occupations are at an elevated risk of suicide, as are both male and females carers. One study suggests that nationally people working in management/ director roles had the lowest suicide risk (Suicide by Occupation, England 2011-2015). However in the North ICP people in managerial positions are also amongst the highest occupation group for suspected suicides.

Reflecting national trends, over half (60%) of all suspected suicides across the sub region occurred by hanging, with self-poisoning or overdose accounting for 13% and jumping from a height for 10%. This was broadly similar across all Local Authorities, including Northumberland. The only exception was in the case of jumping from a height, which in Northumberland accounted for only 1% of cases. Hanging was the most common method for males and females, and across all age categories.

Over half (65%) of all suspected suicides in the NE footprint occurred in private residential settings. 16% occurred in a public open space (e.g. wooded area), and 8% occurred at local bridges/cliffs. Private residential settings were the most common location for suspected suicides across all age categories and all genders. In Northumberland, 60% occurred in private residential settings, whilst 24% occurred in a public open space and zero at a local bridge/cliff. This is perhaps indicative of Northumberland's geography. 3% (or two cases) involved the suspected suicide of a prisoner.

Deprivation
Wider social, economic and environmental factors can play a part in suicide risk. Nationally there is known to be a strong association between area-level deprivation and suicidal behaviour (Samaritans, dying from inequality report 2017). Evidence shows that people in the lowest socio-economic group and living in the most deprived areas are ten times more at risk of suicide than those in the most affluent areas (PHE local suicide prevention planning report, 2019). Within the North ICP sub region, 49% of suspected suicides involved those residing in an area where the IMD score was between 1 and 3. Interestingly, when looking solely at Northumberland, this figure lowered to 23%.

Covid-19
A recent report by the national confidential inquiry team found no evidence of a large national rise in suicides post lock down, which had been feared (NCISH, 2020). Locally, suspected suicides do not appear to be significantly higher compared to previous years suicide numbers (albeit the RTSS has only been in place for a relatively short time so comparisons are difficult).

Additional risk factors/vulnerable groups
Based on data collated via the RTSS, the following vulnerabilities/risk factors have also been identified across the sub region:

- 39% of people who died by suspected suicide in the NE were experiencing relationship problems.
- 59% of people who died by suspected suicide in the NE had experienced poor MH ranging from low mood to personality disorders.
- 34% of people who died by suspected suicide in the NE had a known history of suicidal thoughts/ attempts/ self harm. Of note, evidence shows that nationally around 50% of people who die by suicide had a history of self harm (PHE local suicide prevention planning report, 2019).
- 5% of individuals who took their own lives in the NE had been bereaved by suicide themselves, A further 15% had been bereaved other than suicide. A recent study found that 38% of people who had lost someone to suicide had considered taking their own life, and 8% had attempted to do so (From Grief to Hope Report, 2020).

Suzanne Sleeth
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